		187	
ARIZONA STATE B	OARD OF HEALTH	State File No	
1. PLACE OF BIRTH	BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH		
County Lila	MUATE OF BIRTH		
_	· ·		
District or Township			
City Miami No. 1106 Gred (If birth occurred in a  2. Full name of child Ventura Mis y	hospital or institution, give its NAM	St., Ward  IE instead of street and number)  If child is not yet named, make  supplemental report, as directed	
2. Full name of child	6. Legitimate † 7. Date	n 1 7 1 10 2	
male in event of plural births. 5. No., in order of bi	rth 42 of bi	rth March 20 1930 Month Day Year	
8. FATHER		OTHER	
Full name Ylaris Mis july	Full maiden name Margarita Vanarina		
9. Residence (Usual place of abode) miami, and	15. Residence (Usual place of abode) Mann , anyon'		
If non-resident, give place and state.	If non-resident, give place and state.		
10. Color or race	16. Color or race		
Mup. Can 11. Age at last birthday (Years)	mex: can 17. As	e at last birthday	
12. Birthplace (city or place) Santa Rita	18. Birthplace (city or place)	Santa Reta	
(State or country) New Mex. co	(State or country) her Mex: Co		
13. Occupation Miner	19. Occupation Arneempe		
Nature of Industry Capper	Nature of Industry		
	re and now living. 21. Were but now dead thaln	re precautions taken against oph- nia neonatorum?	
certified and including this child.) (c) Stillborn		4-5	
CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE ALL ALL BL. (Born alive & Millborn)	A m on the date shove stated.	
I hereby certify that I attended the birth of this child, who was	(Born alive & abiliborn)	man Ole	
or midwife, then the father, householder, etc., should make this return. A stillborn			
child is one that neither breathes nor shows other evidence of life after birth.		(Physician of midwife.)	
Given name added from	miami	aujon	
Month, day, year	Fact 5, 30 le 3	- Draw	
Registrar.	And the Agent Street A Windows and the Control of t	Registrar.	
S19-370-471			

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